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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	134687NV (MHM 15085US01)										
		First Inventor	Peterson										
		Title	System and Method for Determining the Position of a Flexible Instrument Used in a Tracking System										
		Express Mail Label No.	EL 849 001 290 US										
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>20</u>] <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>7</u>]</p><p>5. Oath or Declaration [Total Sheets <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>		ACCOMPANYING APPLICATION PARTS											
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>													
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:</p> <p>Prior application information: Examiner: _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>													
19. CORRESPONDENCE ADDRESS													
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Customer Number: 23446</div><div>OR <input type="checkbox"/> Correspondence address below</div></div>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td></tr><tr><td colspan="2">Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td>Country</td><td>Zip Code</td></tr><tr><td>Telephone</td><td>Fax</td></tr></table>				Name		Address		City	State	Country	Zip Code	Telephone	Fax
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Signature		Date	9/12/03										

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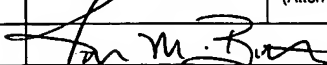


PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2003 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	
		Filing Date	September 12, 2003
		First Named Inventor	Peterson
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$790)	Attorney Docket No.	134687NV (MHM 15085US01)

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																											
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Deposit Account Number</td> <td style="width: 50%; text-align: center;">50-2403</td> </tr> <tr> <td>Deposit Account Name</td> <td style="text-align: center;">GEMS</td> </tr> </table> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	Deposit Account Number	50-2403	Deposit Account Name	GEMS	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Joseph M Butscher	Registration No. (Attorney or Agent)	48,326
Telephone	(312)775-8000		
Signature		Date	9/12/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.